



**State of Rhode Island
Department of Administration / Division of Purchases
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**Solicitation Information
August 14, 2013**

ADDENDUM # 1

RFP #7484385

RFP Title: Immunization Quality Improvement Project

Bid Opening Date & Time: August 29, 2013 @ 10:30 AM (ET)

Notice to Vendors:

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.

NO FURTHER QUESTIONS WILL BE ANSWERED.

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Interdepartmental Project Manager**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP # 7484385 Immunization Quality Improvement Project

Question 1: Will HEALTH recruit the physicians? In our experience, it takes a substantial level of effort to recruit physicians to participate in QI initiatives. While the available funding may help to mitigate barriers, our desire is to maximize the available funding for direct QI activities, not recruitment.

Answer to question 1:

Funding allocated to vendors is for assistance and monitoring of direct QI initiatives among participating practices, as well as, solicitation of primary care practices. HEALTH will provide data obtained through KIDSNET (the state's Immunization Registry) to identify primary care practices that have low immunization coverage rates, which are targeted for this project. The vendor will work with HEALTH to develop an RFP using eligibility criteria to solicit practices.

Question 2: Page 5 #4 under Practice Eligibility Criteria, the third bullet refers to "cohorts." Can you clarify the term "cohort" and what makes up a "cohort?"

Answer to question 2:

The cohort is a group of patients in a specific age range. One cohort is 19 – 35 months of age and the second is 13 – 17 years of age.

Question 3: The solicitation indicates that physicians/practices will need to complete an RFP process. How can that process be designed to be minimally burdensome for physicians? Would HEALTH consider the "proposal" being as simple as a one-page form?

Answer to question 3:

Yes, HEALTH would consider a streamlined proposal provided that the proposal sufficiently addresses payment structure, eligibility criteria, and expectations.

Question 4: May respondents propose alternate approaches, such as targeting individual physicians vs. practices? Our experience demonstrates that the level of effort increases with practice size, so developing our approach based on physicians instead of practices will best allow us to anticipate the level of effort needed.

Answer to question 4:

HEALTH will be identifying potential primary care practices for outreach based on low coverage rates data as reported in KIDSNET. Practices may include one or more physicians, although a lead physician and at least one staff member must be identified as part of eligibility to participate.

Question 5: How has HEALTH assessed the barriers to Kidset's low reporting rates? What are the findings, and can these be shared with respondents? When applying QI methods, we begin by assessing the root causes of suboptimal outcomes and then designing interventions that target those specific issues. Having information about the barriers contributing to low reporting rates will help us design an intervention that has the desired impact.

Answer to question 5:

HEALTH periodically reviews coverage rates and recently ran baseline data among all practices in the state supplied vaccine program to assess coverage rates as reported in KIDSNET. Our Immunization Quality Improvement medical consultant has begun working with practices to assess barriers to reporting and achieving low coverage rates. HEALTH will share this data and information once consent is obtained from the participating practices. The participating practices will implement strategies based on the data and patient population.

Question 6: Has the state's web-based QI training program (referred to in Section 3, #6 of the RFP), already been built?

- If so, how does it incorporate HEALTH's understanding of the root causes of low reporting rates?
- If so, was it created with wide spectrum of vendor capability for data exchange in mind?
- Will the awarded vendor be included in the QI web-based QI training curriculum design?

Answer to question 6:

Yes, the web-based QI training program has been developed and will be ready for implementation in November 2013. HEALTH has designed the training in collaboration with the Immunization Program's Quality Improvement Medical Consultant who has extensive experience in working with providers on reporting and using KIDSNET to improve coverage rates. It was also created with input from the KIDSNET Immunization registry staff who understanding vendor capability for data

exchange. The vendor will not be included in the curriculum design as it has already been determined.

Question 7: May respondents propose a pilot demonstrating project, targeting 10 physicians? A pilot project would allow us to develop a scalable program (e.g., testing the provision of incentives on overcoming barriers to reporting) and ensure that it has the desired impact before it is disseminated more broadly? In our experience, the primary care environment has numerous barriers (such as limited resources and time) and competing priorities, including multiple payor and government-driven data reporting requirements. Performing a small-scale pilot with 10 physicians would allow us to perform Plan-Do-Study-Act principles to refine our QI training and methods, while tracking and evaluating the results. This would maximize HEALTH's learning and potential long-term impact, both in the targeted practices (where change is designed to be sustainable) and when the incentive model is expanded (because the approach generates learnings that can improve future applications).

Answer to question 7:

HEALTH has implemented a pilot project over the past year and outcomes will be shared with the vendor.

Question 8: Is HEALTH planning for the QI initiatives implemented in this project to be sustainable? If so, will there be resources in place to allow for sustainability?

Answer to question 8:

The activities and strategies identified are expected to be self-sustained by the participating practices as the outcome of these activities are in line with the maintenance of certification required by the American Academy of Family Physicians and American Academy of Pediatricians around improvement of immunization rates.

Question 9: Is the purpose of the RFP to meet Rhode Island AFIX requirements?

Answer to question 9:

The purpose of the RFP is not to meet Rhode Island AFIX requirements, but does include components of the AFIX model to improve coverage rates.

Question 10: Will Rhode Island Department of Health accept proposals on a time and materials basis and not on the total number of primary care practices?

Answer to question 10:

HEALTH will accept proposals on a time and materials basis. Once the vendor is chosen HEALTH will work with the vendor to begin the process for primary care practice solicitation.